TOWNSEND

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and

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## **Examiner STEVE GARLAND**

JUNE 28, 2000

facsimile transmission to:

TOWNSEND and TOWNSEND and CREW LLP

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(703) 305-3718

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To:

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(703) 305-3718 At Fax Number:

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From:

MARK D. BARRISH (650) 617-9105 – TEL.

Re:

Appl. No.:

08/709,930

Art Unit:

2786

## Message:

Please find attached the following documents:

Supplementary Amendment; and

Interview Summary.

Mark D. Barrish Reg. No. 36,443

Faxed:

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## AMENDMENT TRANSMITTAL

Client No. 20530 TOWNSEND and TOWNSEND and CREW LLP

Two Embarcadero Center, 8<sup>th</sup> Floor San Francisco, California 94111-3834 (415) 576-0200

In re application of:

PHILIP S. GREEN

Application No.: 08/709,930

Filed:

September 9, 1996

Group Art Unit: 2786

For:

SURGICAL SYSTEM

**Assistant Commissioner For Patents** 

Washington, D.C. 20231

Official

I hereby certify tha	this correspondence is	being sent by facsimile
transmission to:	(703) 305-3718	

**Examiner STEVE GARLAND** 

TOWNSEND and TOWNSEND and CREW LLP

By: Mancy Prois

Sir:

Transmitted herewith is an SUPPLEMENTARY AMENDMENT in the above-identified application, along with the following:

[X] An INTERVIEW SUMMARY.

[X] SMALL ENTITY STATUS of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

If any extension of time is needed, then this response should be considered a petition therefor. The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	14*	MINUS	** 32	= -0-
INDEP.	7*	MINUS	*** 14	= -0-
( ) FIRST	PRESENTATION (	OF MULTIP	LE DEP. CLAIM	

SMALL ENTITY				
RATE			ADDIT. FEE	
x	\$9.00	=	\$0.00	
×	\$39.00	=	\$0.00	
+ 5130	0.00	=		
TOTA	L ADDITL. I	7EE	\$0.00	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] NO FEE IS DUE.

Please charge Deposit Account No. 20-1430 as follows:

[ ] Claims fee \$\_\_\_\_\_.

No extra copies of this sheet are enclosed.

[X] Any additional fees associated with this paper or during the pendency of this application.

TOWNSEND and TOWNSEND and CREW LLP

MARK D. BARRISH Reg. No.: 36,443

Attorneys for Applicant

PA 3080221 v1